| | PAIENI | Effe | | ober 1, 20 | | ION NECC |)HU | | 101 | 78 | 473 | 0 |
|-----------------|-------------------------------------|---|-------------------|---------------------------------------|--------------|------------------|----------|--------------------|------------------------|------|---------------------|------------------------|
| | | CLAIMS A | S FILED (Colur | | | umn 2) | | SMALL E | | OR | OTHE | THAN ENTITY |
| T | OTAL CLAIMS | 3 | ly | | | | | RATE | FEE | 7 | RATE | FEE |
| F |)A | | NUMBER FILED | | NUMBER EXTRA | | | BASIC FE | E 385.00 | OR | BASIC FEE | 770.00 |
| TO | TAL CHARGE | ABLE CLAIMS | 14 0 | 1% minus 20= | | • | | XS 9= | 1 | 1 | Yes | |
| N | DEPENDENT C | CLAIMS | | ([minus 3 = | | | | | ╂── | OR | | 6 |
| M | ILTIPLE DEPE | NDENT CLAIM F | | | | | X43= | | OR | X86= | 84 | |
| - | | | | | | | | +145= | | OR | +290= | |
| 11 | the difference | e in column 1 is | less than | less than zero, enter "0" in column 2 | | | TOT | TOTAL | | OR | TOTAL | |
| | C | CLAIMS AS | AMENDE | D - PAR | TII | : | | | • | | OTHER | |
| _ | | (Column 1) | | (Colun | | (Column 3) | i 'r | SMALL | ENTITY | OR | SMALL | |
| A I DISTRICT OF | | REMAINING AFTER AMENDMENT | | NUME PREVIO PAID I | BER | PRESENT EXTRA | | RATE | ADDI- TIONAL FEE | | RATE | ADDI- TIONAL FEE |
| ב ב | Total | · 18 | Minus | - 18 | 3 | 8 | | X\$ 9= | | OR | X\$18= | |
| | Independent | . 4 | Minus | ••• L | L | 2 | | X43= | | OR | X86= | |
| _ | FIRST PRESE | NTATION OF M | ULTIPLE D | EPENDENT | CLAIM | | | | | 100 | | |
| | | 4-11 | 17 | | | | L | +145= | | OR | +290= | |
| | • | , | | | | | A | DDIT. FEE | L | OR | YOTAL ADDIT. FEE | |
| _ | | (Column 1) | | (Colum | | (Column 3) | | | | | | |
| | 1901 | REMAINING AFTER AMENDMENT | | NUMB PREVIO | ER USLY | PRESENT EXTRA | | RATE | ADDI- TIONAL FEE | | RATE | ADD)- TIONAL FEE |
| | Total | . 19 | Minus | -20 | • | 6 | l [| X\$ 9= | | OR | X\$(8= | |
| | Independent | • 4 | Minus | 4 | (| 0 | | X43= · | | | X8,6=\ | |
| | FIRST PRESE | ST PRESENTATION OF MULTIPLE DEPENDENT CLAIM | | | | | | 7,700 | | OR | / | |
| | | | | | | ; | L | +145= | | OR | / 290= | 7 |
| | · | | | | • • | | · AI | TOTAL ODIT. FEE | | OR/ | TOTAL ADDIT. FEE | 7 |
| _ | | (Column 1) | | (Colum | | (Column 3) | | | | / | T | |
| | | CLAIMS REMAINING AFTER AMENDMENT | | HIGHE NUMB PREVIOU PAID F | ER JSLY | PRESENT EXTRA | Γ | RATE | ADDI- TIONAL FEE | | RATE | ADDI- TIONAL |
| | Total | • | Minus | ** | | | | X\$ 9= | , ,,,, | | X\$18= | FEE |
| Ì | Independent | • | Minus | | | | F | | | OR | | |
| 1 | FIRST PRESE | NTATION OF MI | JLTIPLE DE | PENDENT | CLAIM | | · L | X43= | | OR | X86= | |
| | | | | | | | | +145= | | OR | +290= | • |
| . 8 | the "Highest Nur | nn 1 is less than th nber Previously Pa | id For IN TH | IS SPACE IS | ess that | 20. enter "20." | A-5 | YOTAL DIT, FEE | • | OR . | . TOTAL | |
| -4 | the "Highest Nur he "Highest Num | mber Previously Pa | id For IN TH | IS SPACE IS | less tha | 1 antor "1" | AL | WII. PEEL | | | DOIT. FEEL | |

Application or Docket Number